| Name of CDP:                         |                       |
|--------------------------------------|-----------------------|
| Date Enhancement Plan was developed: |                       |
| For the period from:                 | to                    |
| Last CDP Renewal Date                | Next CDP Renewal Date |

| Continuing Education Hours  |                    |  |
|---|--------------------|--|
| As required by WAC 246-811-030 (2)(a) through (w) MUST EQUAL AT LEAST FOURTEEN (14) HOURS EVERY TWO YEARS |                    |  |
|   |                    |  |
| FIT THIS CATEGORY   | AND HOURS ACQUIRED |  |
| Understanding addiction   |                    |  |
|   |                    |  |
| Pharmacological actions of alcohol and other drugs  |                    |  |
| Thurmacorogreat actions of alcohol and other drugs  |                    |  |
|   |                    |  |
| Substance abuse and addiction treatment methods   |                    |  |
|   |                    |  |
| Understanding addiction placement, continuing care  |                    |  |
| and discharge criteria including American Society of  |                    |  |
| Addiction Medicine (ASAM) criteria  |                    |  |
| Cultural diversity including people with disabilities   |                    |  |
| and its implication for treatment   |                    |  |
|   |                    |  |
| Chemical dependency clinical evaluation (screening  |                    |  |
| and referral to include co morbidity)   |                    |  |
| HIV/AIDS brief risk intervention for the chemically   |                    |  |
| dependent   |                    |  |
|   |                    |  |
| Chemical dependency treatment planning  |                    |  |
|   |                    |  |
| Referral and use of community resources   |                    |  |
|   |                    |  |
|   |                    |  |
| Service coordination (implementing the treatment  |                    |  |
| plan, consulting, continuing assessment and treatment planning  |                    |  |
| Individual counseling   |                    |  |
|   |                    |  |
|   |                    |  |

| Group counseling   |  |
|--|--|
|  |  |
| Chemical dependency counseling for families, couples and significant others  |  |
| Patient, family and community education  |  |
| Developmental psychology   |  |
| Psychopathology and abnormal psychology  |  |
| Documentation to include: screening, intake, assessment, treatment plan, clinical reports, clinical progress notes, discharge summary and other patient related data |  |
| Chemical dependency confidentiality  |  |
| Professional and ethical responsibilities  |  |
| Relapse prevention   |  |
| Adolescent chemical dependency assessment and treatment  |  |
| Chemical dependency case management  |  |
| SUB-TOTAL FOR THIS CATEGORY  Must Equal at least fourteen (14) continuing education hours every two years  |  |

| Professional Ethics and the Law MUST EQUAL AT LEAST FOUR (4) HOURS EVERY TWO YEARS                  |  |  |
|---|--|--|
| LIST TRAINING COURSES TAKEN THAT FIT THIS CATEGORY  | DATE OF TRAINING<br>AND HOURS ACQUIRED |  |
|   |  |  |
|   |  |  |
| SUB-TOTAL FOR THIS CATEGORY Must equal at least four (4) continuing education hours every two years |  |  |

| Additional Training Related to Various Aspects of Professional Career<br>MUST EQUAL AT LEAST TEN (10) HOURS EVERY TWO YEARS |  |  |
|---|--|--|
| LIST TRAINING COURSES TAKEN THAT<br>FIT THIS CATEGORY   | DATE OF TRAINING<br>AND HOURS ACQUIRED |  |
|   |  |  |
|   |  |  |
|   |  |  |
| SUB-TOTAL FOR THIS CATEGORY   |  |  |
| Must equal at least ten (10) continuing education hours every two years   |  |  |

| Total Continuing Education Hours                  |                |
|---|----------------|
| CATEGORIES  | HOURS FOR EACH |
|   | CATEGORY       |
| 1) WAC 246-811-030 (2)(a) through (w)             |                |
| 2) Professional Ethics and the Law                |                |
| 3) Additional Training                            |                |
| TOTAL CONTINUING EDUCATION HOURS                  |                |
| Must equal at least twenty-eight (28) hours every |                |
| two years   |                |

| Professional Development Activities                   |                    |  |
|---|--------------------|--|
| MUST EQUAL AT LEAST TWELVE (12) HOURS EVERY TWO YEARS |                    |  |
| LIST PROFESSIONAL ACTIVITIES                          | DATE OF ACTIVITY   |  |
| FOR THIS CATEGORY                                     | AND HOURS ACQUIRED |  |
|   |                    |  |
|   |                    |  |
|   |                    |  |
|   |                    |  |
|   |                    |  |
|   |                    |  |
|   |                    |  |
| TOTAL PROFESSIONAL DEVELOPMENT                        |                    |  |
| ACTIVITY HOURS FOR THIS CATEGORY                      |                    |  |
| Must equal at least twelve (12) Professional          |                    |  |
| Development Activity hour every two years             |                    |  |